

HOME SAFETY ASSESSMENT

Client's Name _____		Account#: _____		Date: _____
Complete each area below. If assessment indicates area is safe, check Yes; if unsafe, check No; if not applicable, check N/A. All areas				
ENVIRONMENTAL/MOBILITY		YES	NO	N/A
1	Rooms uncluttered to allow unobstructed mobility.			
	Pesticides and flammable liquids properly stored.			
	Perfumes and flammable liquids properly stored.			
	Adequate lighting in house and hall ways.			
	Throw rugs secured with non-slip backing.			
	Handrails present and secure near stairs.			
	Stairs unobstructed.			
	Cabinet's child proof... window guards present.			
BATHROOM		YES	NO	N/A
2	Skid resistant mats in risk areas.			
	Grab bar tub bench available.			
	Plumbing facilities adequate.			
	Client's sensor capabilities regarding temperature adequate.			
	Electric appliances away from tub/shower.			
MEDICATIONS		YES	NO	N/A
3	Outdated medications discarded.			
	Medications in safe and appropriate storage area.			
SUPPLIES/EQUIPMENT/ELECTRICAL		YES	NO	N/A
4	Extension cords properly used.			
	Oxygen/ventilators have special electrical assessment completed by DME vendor.			
	Electrical and telephone cords safely positioned and in good repair.			
	Medical equipment is appropriate and in good condition/client understands proper use.			
FIRE/EMERGENCY		YES	NO	N/A
5	Smoke detector present and working on each level of home.			
	Knowledgeable in accessin2 emergency assistance (911)			
	Smoking safety followed.			
	No obstructions near stove/oven.			
	Stove/oven in working order.			

RN Name: _____

RN Signature: _____